



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF CHILD SUPPORT ENFORCEMENT

Janet Napolitano
Governor

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Director

SPOUSAL WAIVER OF CLAIM TO TAX INTERCEPT

This form is completed by the husband or wife of a Non-Custodial Parent, when they want to **voluntarily** give up their right to claim their portion of Federal or State refunds intercepted by DCSE to satisfy child support obligations of the Non-Custodial Parent. The Spousal Waiver of Claim to Tax Intercept is also a sworn statement that the spouse of the Non-Custodial Parent has not and will not file an IRS Injured Spouse Claim (Form 1040X or Form 8379) to have their portion of the joint tax intercept refunded.

Non Custodial Parent's Name _____

ATLAS Case Number _____ Tax Year _____

My name is _____, residing at _____,
NCP spouse's name NCP spouse's current address

and the spouse of _____ do hereby waive
NCP's name

and relinquish any right or claim I may have to Federal or State tax refunds intercepted in partial satisfaction of my spouse's unpaid support obligation which may be currently held by the Arizona Department of Economic Security (DES), Division of Child Support Enforcement (DCSE). In understand that by waiving this right, I will not file (or have not already filed) an Internal Revenue Service Injured Spouse Claim (Form 1040X or Form 8379) on the _____ tax refund, and that DES/DCSE will rely upon this waiver in disbursing the
Tax year
intercepted tax refund. I further release DES/DCSE from all liability arising out of the application of the tax intercept monies toward the above-mentioned child support obligation.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Spouse

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Enforcement at 602-252-4045; TTY/TDD Services: 7-1-1.